Caregiving Class Report

Business Name:
Business Type: Community MOU ☐ Independent Specialty Trainer ☐
Boarding Home ☐ License #
Adult Family Home ☐ License #

BH/AFHs: Please check this box if you are training staff from other facilities ☐

Please complete report and send to:
Training, Communications & Development Unit
P. O. Box 45600
Olympia, WA 98504-5600
E-mail: trainingreports@dshs.wa.gov
FAX: 360-725-2646
Questions? Call 360-725-2548

Address:

City: Zip: Telephone # - -

NO CLASSES TAUGHT THIS QUARTER ☐
This report is for the quarter ending: Jan 15th ☐ April 15th ☐ July 15th ☐ Oct 15th ☐

Class Start Date (mm/day/yr)	* Class Name	** Class Type	# Students Tested	# Students Who Passed Test	Language Used if Not English	County Where Class Taught	Instructor's Name

*** Class Name**: Use "**F**" for Fundamentals/Basic; "**M**" for Modified Basic; "**ND**" for Nurse Delegation; "**CD"** for Caregiver Dementia; "**CMH"** for Caregiver MH; and "**DD**" for Caregiver Development Disabilities

**** Class Type**: Use "**CL**" for Classroom; "**SS**" for Self-Study; "**CH**" for Challenge Testing